

Atty. Dkt. No. MEDIN1400  
(023161-2401)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lai and Wang

Title: PROTECTED FORMS OF  
PHARMACOLOGICALLY ACTIVE  
AGENTS AND USES THEREFOR

Appl. No.: 09/602,688

Filing Date: 06/23/2000

Examiner: F. Higel

Art Unit: 1626

**CERTIFICATE OF FACSIMILE TRANSMISSION**  
 I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below.

*Stephen E. Reiter*  
 (Printed Name)  
*Stephan E. Reiter*  
 (Signature)

November 19, 2001  
 (Date of Deposit)

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
 Washington, D.C. 20231  
 Box Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ X ] Change of Correspondence Address is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	33	- 33	= 0	x \$18.00 =	\$0.00
Independents:	7	- 7	= 0	x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+ \$280.00 =		\$0.00
			CLAIMS FEE TOTAL:	=	\$0.00

- [ ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

A

Atty. Dkt. No. MEDIN1400  
(023161-2401)

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

- Please charge Deposit Account No. 50-0872 in the amount of \$ \_\_\_\_ A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$ \_\_\_\_ is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By

Date: November 19, 2001

Stephen E. Reiter  
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From : Stephen E. Reiter *SP*  
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### MESSAGE:

Re: U.S. Application Serial No. 09/602,688

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